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STATEMENT BY ARM

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Complete if Known						
Application Number	10/659,887					
Fillng Date .	09/11/2003					
First Named Inventor	Michael J. Czaplicki					
Group Art Unit	1711					
Examiner Name	Unknown					
Attorney Docket Number	1001-067C1					

				U.S. PATENT DOCI	JMENTS	
Examiner Initials*	Cite No.1	I Number .	cument ind Code <sup>2</sup> if known)	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines. Where Relevant Passages or Relevant Figures Appear
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<sup>\*</sup>EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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## INFORMATION DISCLOSURE STATEMENT BY APPLICANT

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